

General

Title

Care coordination communication: percentage of children who needed care coordination communication but were not satisfied with the coordination communication that they received.

Source(s)

2011/12 National Survey of Children's Health. CATI instrument (full-length survey). Rockville (MD): Health Resources and Service Administration, Maternal and Child Health Bureau, and Centers for Disease Control and Prevention, National Center for Health Statistics; 2012. 126 p.

Measure Domain

Primary Measure Domain

Population Health Quality Measures: Population Experience

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of children who needed care coordination communication but were not satisfied with the coordination communication that they received, based on parents' response to the following items on the 2011-12 National Survey of Children's Health (NSCH):

K4Q22: Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers. During the past 12 months, has [child] received any treatment or counseling from a mental health professional?

Response choices for the above question are "Yes," "No," "Don't know," "Refused."

K4Q24: Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care. During the past 12 months/Since [his/her] birth], did [child] see a specialist [other than a mental health professional]?

Response choices for the above question are "Yes," "No," "Don't know," "Refused."

K5Q30: Overall, are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with the communication among [child]'s doctors and other health care providers?

Response choices for the above question are "Very satisfied," "Somewhat satisfied," "Somewhat dissatisfied," "Very dissatisfied," "No communication needed or wanted," "Don't know," "Refused."

K5Q31: Do [child]'s doctors or other health care providers need to communicate with (his/her) child care providers/early intervention program/school/special education program/vocational education program?

This question varies based on child's age.

Response choices for the above question are "Yes," "No," "Don't know," "Refused."

K5Q32: Overall, are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with that communication?

Response choices for the above question are "Very satisfied," "Somewhat satisfied," "Somewhat dissatisfied," "Very dissatisfied," "No communication needed or wanted," "Don't know," "Refused."

Rationale

Integrated and coordinated care and communication between providers and among providers and schools is critical for children who require multiple health care services. It is also a core component of the "medical home," which has been recognized as an objective by the U.S. Department of Health and Human Services' Healthy People 2010. Additionally, medical home is one of the 18 national performance measures established for the state Title V programs it administers.

The care coordination communication component emphasizes a physician's role in improving the access to health care specialists as well as ensuring quality care to patients. This is essential for children with special health care needs, who require additional therapies or services, in which care coordination would emphasize communication amongst doctors and would lead to a decrease in delayed services.

Health care providers, public health professionals and population-based health analysts can all benefit from knowing whether or not children are receiving satisfactory care coordination communication. The measure of care coordination adds a benefit of comparing children across populations or demographic groups as to where quality care is not being delivered (e.g., those children who are not receiving adequate care coordination).

Evidence for Rationale

Child and Adolescent Health Measurement Initiative (CAHMI). National Quality Measures Clearinghouse (NQMC) measure submission form: care coordination communication: percentage of children who needed care coordination communication but were not satisfied with the coordination communication that they received. 2013 Apr. 15 p.

Primary Health Components

Children's care coordination communication

Denominator Description

Children age 0-17 years living in the United States who needed care coordination in the past 12 months, for whom a 2011-12 National Survey of Children's Health (NSCH) was completed indicating that they:

Received treatment from a mental health professional or health care specialist in the past 12 months (K4Q22=Yes OR K4Q24=Yes),
OR

Had doctors who needed to communicate with child's school, early intervention program, special education program, etc. (K5Q31=Yes)

See the related "Denominator Inclusions/Exclusions" field.

Numerator Description

Children from the denominator who needed care coordination communication but whose parents were NOT satisfied with the communication coordination that they received as indicated by the following:

Child received treatment from a mental health professional or health care specialist in the past 12 months (K4Q22=Yes AND/OR K4Q24=Yes) AND parent was not satisfied with the communication among providers (K5Q30=Somewhat satisfied, Somewhat dissatisfied, or Very dissatisfied),
AND/OR

Doctors needed to communicate with child's school, early intervention program, special education program, etc. (K5Q31=Yes) AND Parent was not satisfied with the communication between doctors and schools (K5Q32=Somewhat satisfied, Somewhat dissatisfied, or Very dissatisfied)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

Focus groups

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

- Nationally, among children who used required services (saw a mental health professional or specialist in the past year, or needed communication with schools), 30.6% were NOT satisfied with coordination communication.
- 37.1% of children with special health care needs (CSHCN) are NOT satisfied with communication received when needed among providers, compared with 25.4% of children who do not have a current ongoing health condition.
- Children with public health insurance are slightly more likely to be unsatisfied with coordination communication compared with privately insured children, 32% vs. 29.6%.
- Children who are NOT satisfied with communication are much more likely to be in poor health than those who are satisfied with coordination communication, 9.5% vs. 4.7%.

Evidence for Additional Information Supporting Need for the Measure

The National Survey of Children's Health. [internet]. Baltimore (MD): Child and Adolescent Health Measurement Initiative (CAHMI); [accessed 2013 Dec 20]. [1 p].

Extent of Measure Testing

The National Center for Health Statistics (NCHS) conducted testing of the 2011-12 National Survey of Children's Health (NSCH) Computer-Assisted Telephone Interview (CATI) to make sure the entire survey instrument was functioning properly. A total of 95,677 surveys were completed nationally for children between the ages of 0 and 17 years. The questionnaire was then revised and finalized based on feedback from participants in these interviews.

The Maternal and Child Health Bureau leads the development of the NSCH and National Survey of Children with Special Health Care Needs (NS-CSHCN) survey and indicators, in collaboration with the NCHS and a national technical expert panel. The expert panel includes representatives from other federal agencies, state Title V leaders, family organizations, and child health researchers, and experts in all fields related to the surveys (adolescent health, family and neighborhoods, early childhood and development, etc.). Previously validated questions and scales are used when available. Extensive literature reviewing and expert reviewing of items is conducted for all aspects of the survey. Respondents' cognitive understanding of the survey questions is assessed during the pretest phase and revisions made as required. All final data components are verified by NCHS and Data Resource Center/Child and Adolescent Health Measurement Initiative (DRC/CAHMI) staff prior to public release. Face validity is conducted in comparing results with prior years of the survey and/or results from other implementations of items. No specific reliability results are available for this measure.

Evidence for Extent of Measure Testing

Blumberg SJ, Foster EB, Frasier AM, Satorius J, Skalland BJ, Nysse-Carris KL, Morrison HM, Chowdhury SR, O'Connor KS. Design and operation of the National Survey of Children's Health, 2007. *Vital Health Stat 1*. 2012 Jun;(55):1-149. [PubMed](#)

Child and Adolescent Health Measurement Initiative (CAHMI). National Quality Measures Clearinghouse (NQMC) measure submission form: care coordination communication: percentage of children who needed care coordination communication but were not satisfied with the coordination communication that they received. 2013 Apr. 15 p.

Section 5: medical home. In: Summary of 2007 NSCH pretest results. Baltimore (MD): Child and Adolescent Health Measurement Initiative (CAHMI); p. 10-11.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

National Public Health Programs

Patient-centered Medical Homes

Transition

Type of Care Coordination

Coordination between providers and patient/caregiver

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

State/Provincial

Statement of Acceptable Minimum Sample Size

Unspecified

Target Population Age

Age less than or equal to 17 years

Target Population Gender

Either male or female

National Framework for Public Health Quality

Public Health Aims for Quality

Population-centered

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Healthy People/Healthy Communities

National Quality Strategy Priority

Effective Communication and Care Coordination

Health and Well-being of Communities

Person- and Family-centered Care

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Getting Better

Living with Illness

Staying Healthy

IOM Domain

Effectiveness

Patient-centeredness

Data Collection for the Measure

Case Finding Period

Unspecified

Denominator Sampling Frame

Geographically defined

Denominator (Index) Event or Characteristic

Encounter

Geographic Location

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Children age 0-17 years living in the United States who needed care coordination in the past 12 months, for whom a 2011-12 National Survey of Children's Health (NSCH) was completed indicating that they:

Received treatment from a mental health professional or health care specialist in the past 12 months (K4Q22=Yes OR K4Q24=Yes),

OR

Had doctors who needed to communicate with child's school, early intervention program, special education program, etc. (K5Q31=Yes)

Exclusions

Child is excluded if his/her care did not require coordination with more than one provider, or providers and his/her school (no communication was needed).

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Children from the denominator who needed care coordination communication but whose parents were NOT satisfied with the communication coordination that they received as indicated by the following:

Child received treatment from a mental health professional or health care specialist in the past 12 months (K4Q22=Yes AND/OR K4Q24=Yes) AND parent was not satisfied with the communication among providers (K5Q30=Somewhat satisfied, Somewhat dissatisfied, or Very dissatisfied), AND/OR

Doctors needed to communicate with child's school, early intervention program, special education program, etc. (K5Q31=Yes) AND Parent was not satisfied with the communication between doctors and schools (K5Q32=Somewhat satisfied, Somewhat dissatisfied, or Very dissatisfied)

Exclusions

Unspecified

Numerator Search Strategy

Fixed time period or point in time

Data Source

Patient/Individual survey

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

2011-12 National Survey of Children's Health (NSCH)

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Composite/Scale

Interpretation of Score

Desired value is a lower score

Allowance for Patient or Population Factors

not defined yet

Description of Allowance for Patient or Population Factors

This measure, administered in its most recent form (in the 2011-12 National Survey of Children's Health [NSCH]), includes a number of child demographic variables that allow for stratification of the findings by possible vulnerability:

- Age
- Gender
- Geographic location
- Race/ethnicity
- Health insurance - status, type, consistency, adequacy
- Primary household language
- Household income
- Special Health Care Needs - status and type
- Family structure
- Emotional, behavioral or developmental issues
- Presence of a medical home

Standard of Comparison

not defined yet

Identifying Information

Original Title

Children with care coordination communication when needed.

Measure Collection Name

2011/12 National Survey of Children's Health

Submitter

Child and Adolescent Health Measurement Initiative - Nonprofit Organization

Developer

Child and Adolescent Health Measurement Initiative - Nonprofit Organization

Maternal and Child Health Bureau of the Health Resources and Service Administration - Federal Government Agency [U.S.]

National Center for Health Statistics of the Centers for Disease Control and Prevention - Federal Government Agency [U.S.]

Funding Source(s)

Maternal and Child Health Bureau of the Health Resources and Service Administration

Composition of the Group that Developed the Measure

External (non-governmental) technical expert panel members (2006): Paul Newacheck, DrPH, MPP (Chairperson) (University of California, San Francisco); Maja Altarac, MD, PhD (University of Alabama at Birmingham); Christina Bethell, PhD, MBA, MPH (Oregon Health and Science University); Neal Halfon, MD (University of California, Los Angeles); William Hollinshead, MD (Rhode Island Department of Health); Charles Irwin, MD (University of California, San Francisco); Jeffrey Lobas, MD, MPA (Iowa Child Health Specialty Clinics); Kristin Anderson Moore, PhD (Child Trends); Lynn Olson, PhD (American Academy of Pediatrics); Edward Schor, MD (The Commonwealth Fund); Judith Shaw, EdD, MPH, RN (University of Vermont)

Financial Disclosures/Other Potential Conflicts of Interest

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Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2013 Apr

Measure Maintenance

Every 4 years

Date of Next Anticipated Revision

No changes anticipated.

Measure Status

This is the current release of the measure.

This measure updates a previous version: National Survey of Children's Health. CATI instrument (full-length survey). Rockville (MD): Health Resources and Service Administration, Maternal and Child Health Bureau, and Centers for Disease Control and Prevention, National Center for Health Statistics; 2007. 112 p.

The measure developer reaffirmed the currency of this measure in October 2015.

Measure Availability

Source available from the [Centers for Disease Control and Prevention \(CDC\) National Center for Health Statistics Web site](#) .

For more information, contact CAHMI at 615 North Wolfe Street, Room E4640, Baltimore, MD 21205; Phone: 410-955-1848; Fax: 503-494-2473; E-mail: info@cahmi.org; Web site: www.cahmi.org

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Companion Documents

The following are available:

Blumberg SJ, Foster EB, Frasier AM, Satorius J, Skalland BJ, Nysse-Carris KL, Morrison HM, Chowdhury SR, O'Connor KS. Design and operation of the National Survey of Children's Health, 2007. Vital Health Stat 1. 2012 Jun;(55):1-149. This document is available from the [Centers for Disease Control and Prevention \(CDC\) National Center for Health Statistics Web site](#) .

Centers for Disease Control and Prevention (CDC), National Center for Health Statistics. 2011-2012 National Survey of Children's Health state and local area integrated telephone survey: frequently asked questions. Atlanta (GA): Centers for Disease Control and Prevention; 2013 Apr. 8 p. This document is available from the [CDC National Center for Health Statistics Web site](#) .

Child and Adolescent Health Measurement Initiative (CAHMI). 2011-2012 National Survey of Children's Health. SPSS code for data users: child health indicators and subgroups, version 1.0. Baltimore (MD): Data Resource Center for Child and Adolescent Health; 2013 Apr. 201 p. This document is available from the [Data Resource Center for Child and Adolescent Health Web site](#) .

NQMC Status

This NQMC summary was completed by ECRI Institute on October 13, 2011. The information was verified by the measure developer on November 3, 2011.

This NQMC summary was updated by ECRI Institute on May 13, 2014. The information was verified by the measure developer on June 18, 2014.

The information was reaffirmed by the measure developer on October 27, 2015.

Copyright Statement

No copyright restrictions apply.

Production

Source(s)

2011/12 National Survey of Children's Health. CATI instrument (full-length survey). Rockville (MD): Health Resources and Service Administration, Maternal and Child Health Bureau, and Centers for Disease Control and Prevention, National Center for Health Statistics; 2012. 126 p.

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